

04772 U.S. PTO
013004

Patent
Attorney Docket No. 031211-084

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT
APPLICATION TRANSMITTAL LETTER

Mail-Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 2 1 8 3 9

Sir:

Enclosed for filing is the utility patent application entitled:

BLOOD PRESSURE MEASURING APPARATUS

17548 U.S. PTO
10/767612
013004

by the following named inventor(s):

Peter Götz, Jörg Ziel, Werner Wingender and Jochen Von Benthien

- ☒ Applicant(s) suggests Figure 1 for inclusion on the front page of the patent application publication and patent.
- ☒ Applicant(s) requests that the published application include the following assignment information:
ERKA, Kallmeyer Medizintechnik GmbH & Co. KG

☐ Small entity status is claimed.

Also enclosed are:

DRAWINGS: 5 sheets of formal drawings _____ sheets of informal drawings

DECLARATION: ☐ will follow ☐ executed, is enclosed ☒ unexecuted, is enclosed

ASSIGNMENT: ☐ is enclosed ☒ will follow

**CLAIM FOR
PRIORITY
UNDER 35 U.S.
C. § 119 and/or
365:**

☒ is made in the declaration ☐ is hereby made as follows

| Country | Appl. No. | Filing Date DD-MM-YYYY |
|---------|--------------|---------------------------|
| Germany | 103 03 906.6 | 31 January 2003 |
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☒ certified copy(ies) enclosed ☐ certified copy(ies) will follow

OTHER PAPERS: ☐ a General Authorization for Petitions for Extensions of Time and Payment of Fees

☒ an Information Disclosure Statement

☐ an Application Data Sheet (ADS)

☒ PTO 1449 and copies of references cited therein

☒ The filing fee has been calculated as follows ☐ and in accordance with the enclosed preliminary amendment:

| CLAIMS | | | | | |
|--|------------------|------------|--------------|--------------------|------------------|
| | No. of Claims | | Extra Claims | Rate | Fee |
| Basic Application Fee (1001) | | | | | \$ 770.00 |
| Total Claims | 18 | MINUS 20 = | 0 | x \$18.00 (1202) = | \$ 0.00 |
| Independent Claims | 1 | MINUS 3 = | 0 | x \$86.00 (1201) = | \$ 0.00 |
| If multiple dependent claims are presented, add \$290.00 (1203) | | | | | |
| Total Application Fee | | | | | \$ 770.00 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 0.00 |
| Add Assignment Recording Fee of \$40.00 (8021) if Assignment document is enclosed. | | | | | |
| TOTAL APPLICATION FEE DUE | | | | | \$ 770.00 |

☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.

☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.

☒ A check in the amount of \$ 770.00 is enclosed for the fee due.

- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning this application to:

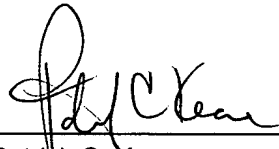
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Respectfully submitted,

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Filed: January 30, 2004

By 
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